

Case Number:	CM15-0026277		
Date Assigned:	02/18/2015	Date of Injury:	11/09/1999
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female, who sustained an industrial injury on November 9, 1999. The injured worker had reported a back injury. The diagnoses have included bilateral knees sprain, history of a lumbar fusion with subsequent revision, residual lumbar pain with radiculopathy, depression, mixed bipolar disorder and out of control behavior. Treatment to date has included pain medication, a transcutaneous electrical nerve stimulation unit, physical therapy, psychotherapy and lumbar spine surgery. Current documentation dated January 2, 2015 notes that the injured worker was being treated for chronic pain and associated psychological symptoms. The injured worker had ongoing complaints of pain and being more anxious and irritable. She reported sleeping better and is able to sleep through the night. Mental status examination revealed the injured workers mood to be better, although still depressed. Thought content included intermittent suicidal ideation. No delusions or hallucinations were noted. On February 6, 2015 Utilization Review non-certified a request for Lyrica 75 mg # 60 with 2 refills for the pain and Ambien 10 mg # 30 with 2 refills for sleep. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 11, 2015, the injured worker submitted an application for IMR for review Lyrica 75 mg # 60 with 2 refills and Ambien 10 mg # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prescription of Lyrica 75mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: Guidelines recommend the use of anticonvulsant medication for neuropathic pain. In this case, clinical documentation shows that the patient suffered from lower extremity neuropathic pain. However, the patient was already on lamotrigine and was tolerating it well. There is no documentation of worsening symptoms which might warrant a second anticonvulsant agent. Thus, the request for Lyrica 75 mg #60 with 2 refills is not medically necessary and appropriate.

Prescription of Ambien 10mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: Zolpidem is recommended for short term use, but not long term use since these medications can be habit forming and may impair function and memory. In this case, clinical documentation indicate that the patient's sleep had improved and that weaning was to be initiated after the next visit. Given that the patient's sleep had improved, the medication should not be continued. Thus the request for Zolpidem 10 mg #30 with 2 refills is not medically necessary and appropriate.